Montana State Auditor's Office Securities Department 840 Helena Avenue Helena, MT 59601 (406) 444-2040 (800) 332-6148 (406) 444-5558 (fax) www.sao.state.mt.us

COMPLAINT FORM

Please print or type	Today's date:	
	Investor Inform	<u>ation</u>
Name of Investor:		
Address:		
City/Town	State:	Zip code:
Phone: (Day)	(Eve.)	
Best time to call:		
Name of person completing		an investor:
	Relationship t	o investor:
	Complaint Ag	<u>ainst</u>
Name of business:		
Address:		
City/Town:	State:	Zip code:
Phone:		
	Your Comple	<u>aint</u>
Date you were first contacte	ed:	
Amount invested:	Date you invested:	
		net (Circle one) Other:
Who offered and/or sold yo	u this investment?	
		firm/person?
What did you buy or what w	vere you offered? Stocl	k, Bond, Mutual Fund, Limited
Partnership, Membership Un	its, Certificate of Depos	sit, Viatical, Variable Annuity, (circle
one) Other:		

How did you pay for investment? Personal check, cashiers check, wire transfer, cash, securities. Other:
Did you sign any document? Yes No (Circle one) If yes, what did you sign? (Attach copies, if available)
Did you receive any materials describing the investment? Yes No (Circle one) If yes, describe materials or attach copies to complaint.
Please provide a detailed explanation of your complaint. Include names, addresses, dates, amounts. Be sure to describe what you were told about the investment and transaction: description of company, type of business, risks of investment, guarantees of profit from investment, names of people involved in company.

Please send or fax complaint to State Auditor's Office. See first page for address and fax number.